Sift to Agency Report	A Public De	ocument		GIFT TO AGENCY REPORT
. Agency Name			Date Stamp	California 801
Governor's Office				Form OU I
Division, Department, or Region	(if applicable)			For Official Use Only
Street Address				
State Capitol				
Area Code/Phone Number E-r	nail		Amendment (explain	in comment section)
(916) 445-0873			194 -18	
Agency Contact (name and title)			Date of Original Filing:	(month. day, year)
Dan Maguire, Deputy Legal Aff	fairs Secretary			
. Donor Name and Address				
Individual	First Name	Other	GE c/o Universal St	udios Hollywood
		18	CA	91608
100 Universal City Plaza 5511	City		State	Zip Code
GE is a diversified technology	media, and financial services co	mnany		
If "Other" is marked, describe the entity's busi				
If applicable, identify the name of ea	ach source and the amount(s) solici	ted or receive	ed by the donor for this	nift:
,				
Name	\$		Name	\$Amount
	Amount			74110411
. Payment Information	*			
Date and Amount of Payment	(other than travel) 8 29 08	. \$	3,500 (Round to whole dollars)	
	(month, day, year)			
Travel Payment Information (R	cound to whole dollars) Location of	Travel		
Date(s) of Travel Transpo	rtation Expenses Lodging Expenses	SMeal Expe	enses S Other Exper	ses Total Expenses
Provide a specific descript				
GE paid Mariachi Divas for ente	ertainment for the Border Gover	nors Confere	ence on August 13 - 1	5, 2008.
•				Mr.
Identify the officials for who	om the payment was used:			
Not englischle				
Not applicable Last Name	First Name		Title	Department/Division
	First Name		Title	Department/Division
Last Name				10 = 50000
Last Name Last Name	First Name First Name		Title	Department/Division Department/Division
Last Name Last Name . Verification	First Name		Title	Department/Division
Last Name	First Name		Title	Department/Division
Last Name Last Name . Verification	First Name		Title	Department/Division
Last Name Last Name . Verification I have determined that it is in the int	First Name derests of the agency to accept this Susan Kennedy	gift and use it	for the official agency b	Department/Division
Last Name Last Name . Verification	First Name derests of the agency to accept this	gift and use it	for the official agency b	Department/Division
Last Name Last Name . Verification I have determined that it is in the int	First Name Terests of the agency to accept this grant Susan Kennedy Print Name	gift and use it	for the official agency b	Department/Division